STATE OF CALIFORNIA EMPLOYEE SUGGESTION STD. 645 (REV. 8-97) PAGE 2

PLEASE READ INSTRUCTIONS AND THE PROGRAM RULES ON THE ATTACHED PAGE.

DO NOT WRITE IN THIS SPACE SUGGESTION NUMBER

Please type or print with pen in black or dark blue ink only—do not use pencil

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| MPLOYEE(S) NAME(S) (Last, first, middle initial) | | DEPARTMENT (Include work location address) | | CIVIL SEF | CIVIL SERVICE TITLE (Please spell out) | |
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| YOU MAY DISCLOSE M | YNAME | suggestion shall | not form the basis of a nature upon the State of | , | | |
| DO NOT DISCLOSE MY SUGGESTION IS ADOPT | NAME UNLESS | California by me, | my heirs or assigns. | L | | |

EMPLOYEE SUGGESTION

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WANT EXTRA CASH?

Submit your suggestion following the instructions below.

Cash awards for adopted suggestions shall not be less than \$50 or more than \$50,000. Awards of more than \$5,000 will be granted only upon approval by concurrent resolution of the Legislature.

NEED HELP WITH YOUR IDEA?

Your supervisor is always available--it's still your suggestion and you get full credit. Although you do **NOT** have to secure supervisory approval or submit your suggestion through channels, your supervisor may be able to assist you in making your idea a better one. You may also contact your department's Merit Award Administrator for general information.

HOW TO COMPLETE YOUR SUGGESTION

- Type or print, using black or dark blue ink, and enter the required information in the spaces at the bottom of the form. Illegible suggestions will be returned. (Your suggestion must reproduce on copy equipment.)
- 2. Use a separate form for each idea
- Indicate whether your idea affects a single department or multiple departments.
- 4. Give a short title which you think will best identify the subject of the suggestion.
- 5. Explain the existing or previous method or condition.
- Describe your idea in sufficient detail to enable review without requesting additional information. This is your suggestion--make it tell your story--show how it can be done.
- Explain the advantages that will result. When there will be tangible benefits, estimate the amount and explain how you arrived at this figure--this is your opportunity to "sell" your idea.
- Explain what circumstances made you think of this suggestion.
- Submit a sketch or sample if it will clarify your proposal.
 If the suggestion affects a form, attach a copy of the latest revision and a copy of your proposed change.
- Sign the suggestion form in the proper space. If there
 are co-suggesters, signatures and other identifying information is required of each.
- 11. How to Route Your Suggestion

Fold and seal the suggestion form. Route via interdepartmental or U.S. Mail as follows:

If you checked:

- "One Department Only": Route your suggestion directly to that department's Merit Award Administrator.
- "Multiple Departments": Route your suggestion directly to:

(Interdepartment Code D-22)
Department of Personnel Administration
Merit Award Program
1515 S Street, Suite 400, North Building
Sacramento, CA 95814-7243

NOTE: A listing of departmental Merit Award Administrators is available from your department's Merit Award Administrator or the State Merit Award Program.

WHAT HAPPENS TO YOUR SUGGESTION?

You will receive an acknowledgement receipt of your suggestion. The suggestion, if acceptable, will be referred for evaluation. You will receive periodic updates on the status of your suggestion. The complexity of a suggestion or the need for extensive testing may necessitate a longer evaluation period.

Following the evaluation of your suggestion, adoption or nonadoption will be recommended. If your idea is implemented and you meet eligibility requirements, you will receive a cash award with a certificate. Whether adopted or not, you will receive a copy of the evaluation report(s).

If your suggestion was evaluated by multiple departments, you will receive a copy of each department's evaluation. If your suggestion is adopted by a department other than the department in which you are employed, the adopting department will forward a copy of the evaluation to your department for determination of eligibility and processing of the award.

PRIVACY STATEMENT

Providing the Social Security Account Number is voluntary in accordance with the Privacy Act of 1974 (PL 93-579). This information will be kept confidential (in accordance with the Information Practices Act of 1977--Civil Code Section 1798 et seq.) and used only to verify the suggester's civil service classification at the time the suggestion was submitted in order to address the suggester's eligibility for an award.